

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295077</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/06/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>REGENT CARE CENTER OF RENO</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>555 HAMMILL LANE</b> <b>RENO, NV 89511</b>			
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F 000	INITIAL COMMENTS  Surveyor: 27206 This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 1/6/10, in accordance with 42 CFR Chapter IV Part 483 Requirements for Long Term Care Facilities.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws.  Complaint #NV00023994 was substantiated with deficiencies cited (See Tags 163 and 501).  The following deficiencies were identified: 483.10(d)(1) FREE CHOICE  The resident has the right to choose a personal attending physician.  This REQUIREMENT is not met as evidenced by: Surveyor: 27206 Based on interviews and document review, the facility failed to ensure that residents were able to choose their personal physician.  Findings include:  On 12/16/09, the Administrator of the facility sent a letter to 81 residents and their families informing them that they would need to select a new personal physician, because "(Physician #1) and/or other members of his medical group will			F 000			
F 163 SS=E				F 163			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 163	<p>Continued From page 1</p> <p>no longer be practicing here. You and your loved one here have the freedom to choose a physician that must be willing to make regular visits here as specified by State and Federal requirements...."</p> <p>Physician #1 and his medical group then sent their own letter to residents and family members of the facility on 12/22/09 to repudiate the statements made in the Administrator's letter. "... (The facility) has communicated that they believe (the medical group) is unwilling to provide regular visits as specified by State and Federal requirements. That assertion is unfounded, and (the medical group) has been involuntarily requested to cease its practice at (the facility)...We are devastated by this request and the adverse impact it may have upon our patients and their families, who have come to recognize and appreciate the outstanding care provided by (the medical group)....."</p> <p>In an interview at 8:50 AM on 1/6/10, the Administrator explained that on 12/14/09 she told Physician #1 that if his medical group continued to send his on-call Advanced Practical Nurse (APN) to the facility, all staff of the medical group would be denied access to the facility and its residents. When Physician #1 came to the facility to care for residents on 1/4/10, the Administrator told him that he could not enter the facility.</p> <p>The Administrator provided a written chronological outline of events: 12/14/09 - Met with (Physician #1) to tell him I did not want (the on-call APN) taking call any longer for (the facility). Said he understood and would review with his Board. 12/15/09 - (Physician #1) in to see me. Said he had discussed with his Board; they had counseled her and would monitor her</p>	F 163			

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F 163	<p>Continued From page 2</p> <p>performance, but she would continue a part of their call rotation and medical group. Told him that was unacceptable and their relationship here was finished. 12/15/09 - Spoke to Medical Director, and shared the entire incident as well as outcome. 12/16/09 - Prepared letter to patients and families of the decision.</p> <p>The Administrator communicated that she had not consulted the Medical Director, members of the Resident Council, or the Corporate Office before making her decision to sever the facility's relationship with Physician #1 and his medical group.</p> <p>Document review revealed that Physician #1 was the personal physician of 81 residents at the facility, until he was denied access to the facility on 1/4/10. Interviews with six of these residents were conducted on 1/6/10 by this surveyor and by the Ombudsman.</p> <p>Resident #2, explained that she had been told by the facility that because she wanted to retain Physician #1 as her personal physician, she would have to move to another facility. According to the resident, "He is such a good doctor. I love him, and everyone else does too. I don't want to move. They just told me I'd be moving."</p> <p>Resident #3 indicated that he was upset that he had been assigned a new physician, and that he would prefer to keep Physician #1 as his primary physician.</p> <p>Resident #4 related that he would prefer to receive care from Physician #1, but that he was under the impression that since Physician #1 would no longer be providing care in the facility,</p>	F 163			

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F 163	<p>Continued From page 3</p> <p>his insurance would not cover office visits.</p> <p>Resident #5 shared that she did not receive a letter from the facility informing her to choose a new physician, and that she had been cared for by Physician #1 for the past three years. The resident further declared that she did not want another doctor.</p> <p>Resident #6 communicated that she was unaware that Physician #1 was no longer her primary physician. The resident further conveyed that she felt upset about not having been given the opportunity to make a choice regarding a new doctor.</p> <p>Resident #7 and her son expressed that they were "shocked and disappointed" when they learned that Physician #1 would no longer provide care at the facility.</p> <p>In a letter dated 1/4/10, sent to the facility by the daughter of Resident #8 and provided by the Administrator, the daughter wrote: "I have been made aware that (the medical group )will no longer be providing services at (the facility). I am saddened and disappointed that this decision was made without any input from the patient and/or their family...(Physician #1) is an exceptional physician who consistently has helped us through the many difficult struggles and decisions we've made during the past three years...The decision to sever this relationship is a great loss to (the facility) and many patients, including my father, who have grown accustomed to (Physician #1's) excellent care. It will be difficult to find another geriatric physician as trusted and respected..."</p> <p>When asked about the response by residents to</p>	F 163			

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F 163	Continued From page 4	F 163			
F 501 SS=E	<p>not being able to have Physician #1 as their personal physician, the Administrator acknowledged, "They're all disappointed."</p> <p>483.75(i) MEDICAL DIRECTOR</p> <p>The facility must designate a physician to serve as medical director.</p> <p>The medical director is responsible for implementation of resident care policies; and the coordination of medical care in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 27206 Based on document review and interviews, the facility failed to ensure its medical director was utilized in resolving medical concerns affecting resident care.</p> <p>Findings include:</p> <p>An interview was conducted with the Administrator on 1/6/10 at 8:50 AM. The Administrator explained that her decision to forbid Physician #1 and the staff of his medical group from providing care to residents at the facility was based on her dissatisfaction with the care provided by Physician #1's on-call nurse practitioner (APN). The Administrator indicated that she felt the APN, who was on duty on 11/29/09, should have ordered a transfer to the hospital for Resident #1 sooner than she did. When asked if she reported her concerns about the care provided by the APN in the facility to the Nevada State Board of Nursing, the Administrator responded, "No, because I didn't want a counter-lawsuit."</p>	F 501			

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F 501	<p>Continued From page 5</p> <p>The Administrator further related that on 12/14/09 she told Physician #1 that if his medical group continued to send this APN to the facility, all of his staff would be denied access to the facility and its residents beginning January 4, 2010. When asked if she consulted the Medical Director before delivering this ultimatum to Physician #1 and his associates, the Administrator responded, "No, because that's not his decision; it's mine."</p> <p>The Administrator provided a written chronological outline of events: 12/14/09 - Met with (Physician #1) to tell him I did not want (the on-call APN) taking call any longer for (the facility). Said he understood and would review with his Board. 12/15/09 - Physician #1 in to see me. Said he had discussed with his Board; they had counseled her and would monitor her performance, but she would continue a part of their call rotation and medical group. Told him that was unacceptable and their relationship here was finished. 12/15/09 - Spoke to Medical Director, and shared the entire incident as well as outcome. 12/16/09 - Prepared letter to patients and families of the decision.</p> <p>The facility's Medical Director was interviewed on 1/6/10 at 1:30 PM, and he communicated that he normally came to the facility six days a week, for one to three hours a day. The Medical Director reported that while he was aware of the ultimatum given by the Administrator to the medical group, he did not discuss the matter with Physician #1, because "I didn't want to impede on the situation. It looked that (the Administrator) was taking care of the situation. I wouldn't have anything to add...It was handled appropriately because they had choices."</p>	F 501			

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F 501	Continued From page 6  A review of the facility's Medical Director Agreement, signed by the Medical Director on 4/1/07, revealed the following policy: "The Medical Director agrees to evaluate and take appropriate steps to correct any problems associated with any possible inadequate care he/she identifies or about which he/she receives a report."	F 501			